

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima
 District of _____
 Town of Miami
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 121
 County Registrar No. 134
 Local Registrar No. _____

No. 44 Gran Canyon St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child _____

3. Sex of Child male To be answered ONLY in event of plural births.
 4. Twin, triplet or other. _____
 5. No., in order of birth. 1st
 6. Legitimate? yes
 7. Date of birth April 1 1927
 Month Day Year

8. FATHER
 Full name Cristabel Guerrero
 9. Residence (Usual place of abode) Miami, Ariz
 If non-resident, give place and state.
 10. Color or race Mexican
 11. Age at last birthday 30 (Years)
 12. Birthplace (city or place) _____
 (State or country) Mexico
 13. Occupation
 Nature of industry Miner Copper

14. MOTHER
 Full maiden name Anastacia Valdez
 15. Residence (Usual place of abode) Miami Ariz
 If non-resident, give place and state.
 16. Color or race Mexican
 17. Age at last birthday 26 (Years)
 18. Birthplace (city or place) Texas
 (State or country)
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 5
 (b) Born alive but now dead 2
 (c) Stillborn 1
 21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn at 11:45 a. m. on the date above stated
 (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Miller (Physician or midwife)

Address Miami, Ariz

Given name added from a supplemental report

Month, day, year

Filed Apr 12 27 19 Le. E. Dorn Local Registrar.

Filed Apr 12 19 _____ County Registrar.

Registrar

7 mos fetus; macerated

076-401-159

order of birth stated.